

## City of Lansing, Michigan Application for Request for Non-Profit Status in the City of Lansing

Organization Name (As Incorporated):		
Address:		
City:	State:	Zip:
Contact Person:		
Main Contact Number: ()S	Secondary Contact Nun	nber: ()
Email Address:		
Please include the following with your application:		
a. A copy of your 501(c)3 Designation		
b. A copy of your Articles of Incorporation		
c. A copy of your Bylaws  Includes in bylaws a dissolution processure that  1. All financial and contractual oblig 2. Remaining assets are distributed organizations and/or institutions  d. Non-refundable application fee of \$100.00  I hereby certify that this application is compliated and belief.	gations are fulfilled and donly to one or more si	that imilar nonprofit, tax exempt
Signature	 Date	
*Fee waiver request		
I hereby certify that the assets of this non-profit or be waived. The fee would cause an extreme hard	•	n \$2,500 and I request the fee
Signature		

Please submitted completed application and attached documents, please return it to:

Chris Swope, City Clerk

Lansing City Clerk's Office

Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695

<u>City.clerk@lansingmi.gov</u> 517-483-4131